S-0000   VERIFICATION AND DOCUMENTATION

S-100   VERIFICATION

Verification is proof of an applicant/enrollee's statement regarding his circumstances.

Medicaid eligibility shall not be determined solely on the basis of declarations made by an applicant/enrollee.

Exception:

- Self- Attestation of pregnancy and the expected date of delivery are acceptable from the applicant unless there is reason to believe that confirmation from a medical professional is required (i.e. multiple pregnancies with no recorded births on record).

- Self - Attestation of Residency, Age, Household Composition, Caretaker Relative status, and Application for other benefits shall be accepted unless system checks for other factors reveal conflicting information.

- Medicare Savings Program (MSP) - it is not necessary to verify countable resources for MSP applications unless questionable or there is conflicting information.

Rely to the maximum extent possible on electronic data matches, utilizing trusted third party data sources to confirm the self- attestations of income by the applicant/ enrollee. If information provided by the applicant/ enrollee is "reasonably compatible" with the information found in the third party data sources, then no further verification shall be required. Information is considered to be reasonably compatible, even when the income figures differ, in the following situations:

- Self-attestation and systems report income below the given income standard, or

- Self- attestation and systems report income above or at the given income standard.

Agency action when self-attestation and systems report give conflicting information:

- When self- attestation is below the applicable income standard for the family size and the systems report income above but within 10% of the self- attested income, accept the self-attestation without further verification.

- When self-attestation is below the applicable income standard for the family size and the systems report income above the 10% threshold, then additional verification or further investigation may be required.

  Please see S-110, Questionable Information.

If the applicant/enrollee's statement establishes ineligibility in all eligibility factors, except income, verification is not required before rejecting the application or after advance/adequate notice is sent when closing the case.

S-110   QUESTIONABLE INFORMATION

Verify all information that is questionable or when system information does not correspond to self-attestation or exceeds the 10% threshold for income and the results affect potential or continued eligibility. The applicant/enrollee's statements on the application or renewal form or during an interview are questionable if they are: contradictory, do not correspond with information available through system checks, information contained in the case record, MEDS, etc. or do not adequately explain the applicant/enrollee's circumstances.

Example:
Applicant/Enrollee states he is not employed, but income is showing in LDET.

Example:
Applicant/Enrollee states he is not employed, but when contact is made with the household to speak with the applicant/enrollee, reply from household contact is that he is at work.

Allow the applicant/enrollee an opportunity to provide a reasonable explanation and/ or resolve any discrepancy by providing documentary evidence or naming persons who can corroborate what they have said (also known as a collateral contact). Documentary evidence, if available, is preferable to collateral contacts. If the applicant/enrollee refuses or fails to resolve any discrepancy, refer to G-1100, Application Processing, and Cooperation.

S-120   DOCUMENTARY EVIDENCE

Documentary evidence is written confirmation of an applicant/enrollee's circumstances (e.g., check stubs, BHSF Employer form, BHSF Resource form, or insurance policies). See S-100 for the reliance on electronic data sources.

When original data sources are questionable, expand review to other available data sources. If insufficient to clear discrepancy, obtain verification from the applicant/enrollee.

Accept any reasonable documentary evidence if the verification proves the statements of the applicant/enrollee as being accurate.

Use additional sources of verification if documentary evidence:

- cannot be obtained, or

- is not sufficient to make a determination of eligibility.

Documentary evidence is considered insufficient if it does not provide an accurate picture of the applicant/enrollee's situation, conflicts with other documentation, or appears to be falsified.

S-130   THIRD PARTY STATEMENTS/ COLLATERALS

Verbal confirmation from a knowledgeable source of an applicant's/enrollee's circumstances is allowed when expediting an application or renewal.

Most statements from applicants/enrollees are made on forms which explain the penalties for fraudulent statements. Confirm these statements with third-party sources (e.g., governmental or private agencies, and businesses) through documents, records, and phone calls.

The applicant/enrollee is entitled to know the name of the third-party that provided verification information and its content.

NOTE:
Information provided by an individual (family member, neighbor) of an applicant's/enrollee's circumstances should only be used as a last resort.

S-140   RESERVED

S-150   RESERVED

S-160   PRUDENT PERSON

A prudent person is an individual who uses good judgment or common sense in handling practical matters.

The Prudent Person concept shall be used by the local eligibility worker in administering the Medicaid Program. In determining whether an eligibility worker has used the prudent person concept, the reasonableness of an action or decision must be viewed based upon his or her knowledge of and experience with the Medicaid program.

Eligibility staff must be prudent when the circumstances of a particular case indicate the need for further inquiry. Additional verification or substantiation should be obtained whenever the information provided by the applicant or enrollee is incomplete, unclear, or contradictory.

Circumstances which require a more thorough analysis include, but are not limited to, the following:

1. Documents, such as birth certificates, Social Security cards, etc., which appear to have been altered.

2. An individual who has a history of providing conflicting or incomplete information.

3. An individual who appears to be confused.

4. An individual who appears to qualify for potential resources such as Social Security, unemployment benefits, veteran's benefits, medical insurance, etc., that have not been declared.

S-200   DOCUMENTATION

Documentation is the recording of information in the case record. Document all information required to:

- make an eligibility decision, or

- initiate a case change.

A properly documented case record allows anyone who reviews the case record to make the same eligibility decision made by the agency representative. Documentation may be:

- on forms designed to record specific information,

- original documents, photocopies, or signed statements, or

- statements recorded in case record (Case Activity Log (CAL) entry).

S-210   CONVERSION OF WRITTEN RECORDS TO THE ELECTRONIC CASE RECORD (ECR)

Effective November 1, 2005, offices have the authority to convert written records (paper documentation) to electronic records and store them in the ECR[1]. It is extremely important that every page of the scanned image be viewed to confirm the accuracy and clarity of the scan prior to submission to the ECR.

S-210.1   Disposing of Paper Documentation after Converting to Electronic Case Record

All paper documentation, once scanned, verified and filed into the ECR must be saved for a period of five (5) working days. After 5 working days has expired, the paper documentation can be shredded or otherwise properly disposed.

[1]**The Department of Health and Hospital's Bureau of Legal Services, Legal Opinion Number 04-013 indicates we have the legal authority under state law to convert written records to electronic records. In accordance with 42 C.F.R. § 431.17, CMS has confirmed that the ECR storage system meets the requirements for maintenance of records.**